

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CH</i>	<i>62614</i>	<i>1/11/90</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>1/12/90</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>LH</i>	<i>60105</i>	<i>2-7-90</i>

# INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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Form PTO-436  
(Rev. 8/89)

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If more than 150 claims or 10 actions  
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